

**Utah Insurance Department**  
**Clearance Letter Request**  
**FORM MUST BE SIGNED & DATED**

Utah Insurance Department  
Phone: 801-538-3800 Fax: 801-538-3830

This form **MUST** be submitted via fax to 801-538-3830 or electronically attached as a PDF document and emailed to [mmwhite@utah.gov](mailto:mmwhite@utah.gov).

**Note: The licensee is the only party authorized to request a cancellation of license.**

I, \_\_\_\_\_ have moved from Utah to the State of \_\_\_\_\_.  
Please cancel my Utah license #\_\_\_\_\_.

Please provide a valid email address for the clearance letter to be emailed to:

\_\_\_\_\_

**If you would like to convert your resident license to a non-resident license, please provide:**

New Resident Address: \_\_\_\_\_ Resident Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_

New Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
\_\_\_\_\_

New Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
\_\_\_\_\_

\*This request will not be processed if the form is not completed in its entirety.

\_\_\_\_\_  
Signature of Licensee \_\_\_\_\_

Date \_\_\_\_\_